

Co-Occurring Joint Action Council (COJAC)

Authority and Recommended Principles for MHSA Community Services and Supports and Co-Occurring Disorders

DRAFT
October 31, 2005

Co-Occurring Disorders
Mental Health Services Act (MHSA) Document References
Terms Scanned:

- (1) Co-occurring Disorders
- (2) Substance Abuse
- (3) Substance Use
- (4) Dual Diagnosis
- (5) Dual Diagnoses
- (6) Dual Disorders

DOCUMENT	SECTION	PAGE NUMBER(S)	ACTUAL TEXT REFERENCE
Department of Mental Health: Vision Statement and Guiding Principles for DMH Implementation of the MHSA February 16, 2005	Guiding Principles-Programs and Services, Number 7	Page 3	7. Integrated treatment for persons with dual diagnoses, particularly serious mental illness and serious substance use disorders, through a single individualized plan, and integrated screening and assessment at all points of entry into the service system.
Department of Mental Health: Vision Statement and Guiding Principles for DMH Implementation of the MHSA February 16, 2005	Summary of Stakeholder Input, Number 11	Page 6	Participants provided written and verbal comments about the vision statement. About 260 people provided about 380 written documents, many making more than one comment. The major themes were, in order of the number of comments per theme: 11. Substance Abuse/Co-occurring Disorders (Note-There was eleven items in the list of major themes and the eleventh item was the last.)

DOCUMENT	SECTION	PAGE NUMBER(S)	ACTUAL TEXT REFERENCE
Department of Mental Health-MHSA Community Planning Process	DMH LETTER NO: 05-01, Enclosure 4, January 18, 2005	Instructions for Preparing the Fiscal Year 2004-05 Mental Health Services Act Community Program Planning Attachment C, Number 4e	Other-Enter budgeted amounts to be paid to one or more additional governmental agencies, such as law enforcement, health, substance abuse or other governmental agencies. Describe these expenditures.
Department of Mental Health-MHSA Community Services and Supports: Three Year Program and Expenditure Plan Requirements August 1, 2005	Purpose and Summary Information, Essential Elements for All Three-Year Program and Expenditure Plans	Page 6	Integrated service experiences for clients and their families throughout their interactions with the mental health system: This means that services are “seamless” to clients and that clients do not have to negotiate multiple agencies and funding sources to get critical needs met and to move towards recovery and develop resiliency. Services are delivered, or at a minimum, coordinated through a single agency or a system of care. The integrated service experience centers on the individual/family, uses a strength-based approach, and includes multi-agency programs and joint planning to best address the individual/family’s needs using the full range of community-based treatment, case management, and interagency system components required by children/transition age youth/adults/older adults. Integrated service experiences include attention to people of all ages who have a mental illness and who also have co-occurring disorders , including substance use problems and other chronic health conditions or disabilities. With a full range of integrated services to treat the whole person, the goals of self-sufficiency for older adults and adults and safe family living for children and youth can be reached for those who may have otherwise faced homelessness, frequent and avoidable emergency medical care or hospitalization, incarceration, out-of-home placement, or dependence on the state for years to come.

DOCUMENT	SECTION	PAGE NUMBER(S)	ACTUAL TEXT REFERENCE
Department of Mental Health-MHSA Community Services and Supports: Three Year Program and Expenditure Plan Requirements August 1, 2005	Purpose and Summary Information, Three Types of System Transformation Funding Available	Page 8	<i>General System Development Funds – funds to improve programs, services and supports for the identified initial full service populations and for other clients consistent with the populations described in Part II.</i> General system development funds are needed to help counties improve programs, services and supports for all clients and families (including initial Full Service Partnership populations and others) to change their service delivery systems and build transformational programs and services. Strategies for reducing ethnic disparities should be considered. Examples for this kind of funding are client and family services such as peer support, education and advocacy services, mobile crisis teams, funds to promote interagency and community collaboration and services, and funds to develop the capacity to provide values-driven, evidence-based and promising clinical practices. This funding may only be used for mental health services and supports to address the mental illness or emotional disturbance. (Mental health services and supports include mental health treatment, rehabilitation services including supportive housing and supportive employment, and personal service coordination/case management. In collaborative programs, the cost of the mental health component only is allowable; for positions with blended functions, only the proportion of costs associated with the mental health activities are allowable. Costs for community supports such as rental subsidies, other treatment such as health care or substance abuse treatment, and respite care are not allowable under General System Development. These examples are allowable under Full Service Partnerships.)

DOCUMENT	SECTION	PAGE NUMBER(S)	ACTUAL TEXT REFERENCE
Department of Mental Health-MHSA Community Services and Supports: Three Year Program and Expenditure Plan Requirements August 1, 2005	Part II: Program and Expenditure Plan Requirements Section II: Analyzing Mental Health Needs in the Community, Direction	Page 15-16	Unserved – persons who may have a serious mental illness and children who may have serious emotional disorders, and their families, who are not receiving mental health services. Examples of unserved populations described in the MHSA include older adults with frequent, avoidable emergency room and hospital admissions, adults who are homeless or incarcerated or at risk of homelessness or incarceration, transition age youth exiting the juvenile justice or child welfare systems or experiencing their first episode of major mental illness, children and youth in the juvenile justice system or who are uninsured, and individuals with co-occurring substance use disorders. Frequently, unserved individuals/families are a part of racial ethnic populations that have not had access to mental health programs due to barriers such as poor identification of their needs, provider barriers lacking ethno-culturally competent services, poor engagement and outreach, limited language access, limited access in rural areas and American Indian rancherias or reservations and lack of culturally competent services and programs within existing mental health programs. Some individuals, who should be considered in the priority populations identified in Section III of this document, may have had extremely brief and/or only crisis-oriented contact with and/or service from the mental health system and should be considered as unserved.

DOCUMENT	SECTION	PAGE NUMBER(S)	ACTUAL TEXT REFERENCE
Department of Mental Health-MHSA Community Services and Supports: Three Year Program and Expenditure Plan Requirements August 1, 2005	Part II: Program and Expenditure Plan Requirements Section II: Analyzing Mental Health Needs in the Community, Direction	Page 17	Counties shall also provide estimates of their underserved and fully served populations. For this first three-year plan, counties must identify and analyze in detail their <u>current utilization</u> data in terms of the numbers of clients and family members who need MHSA programs and services and are already being served. Counties must identify persons who are currently fully served and those who are underserved or inappropriately served. Assessments should consider the current service needs of gay, lesbian, bisexual and transgender individuals. In addition, counties should also consider the needs of individuals with co-occurring substance use disorders and other individuals with special needs, such as those with hearing or visual impairments, other physical disabilities and acute and chronic medical conditions such as HIV/AIDS.

DOCUMENT	SECTION	PAGE NUMBER(S)	ACTUAL TEXT REFERENCE
Department of Mental Health-MHSA Community Services and Supports: Three Year Program and Expenditure Plan Requirements August 1, 2005	Part II: Program and Expenditure Plan Requirements Section III: Identifying Initial Populations for Full Service Partnerships, Special Populations by Age Consistent with MHSA and DMH Priorities	Page 21	Adults with serious mental illness – including adults with a co-occurring substance abuse disorder and/or health condition who are either: Not currently served and meet one or more of the following criteria: <ul style="list-style-type: none">• Homeless• At risk of homelessness – such as youth aging out of foster care or persons coming out of jail• Involved in the criminal justice system (including adults with child protection issues)• Frequent users of hospital and emergency room services Or are so underserved that they are at risk of : <ul style="list-style-type: none">• Homelessness – such as persons living in institutions or nursing homes• Criminal justice involvement• Institutionalization Transition age older adults (often between the ages of 55 and 59) who are aging out of the adult mental health system and at risk of any of the above conditions or situational characteristics are also included.

DOCUMENT	SECTION	PAGE NUMBER(S)	ACTUAL TEXT REFERENCE
<p>Department of Mental Health-MHSA Community Services and Supports:</p> <p>Three Year Program and Expenditure Plan Requirements</p> <p>August 1, 2005</p>	<p>Part II: Program and Expenditure Plan Requirements</p> <p>Section III: Identifying Initial Populations for Full Service Partnerships, Special Populations by Age Consistent with MHSA and DMH Priorities</p>	Page 21-22	<p>Older adults 60 years and older with serious mental illness – including older adults with co-occurring substance abuse disorders and/or other health conditions – who are not currently being served and have a reduction in personal or community functioning, are homeless, and/or at risk of homelessness, institutionalization, nursing home care, hospitalization and emergency room services. Older adults who are so underserved that they are at risk of any of the above are also included. Transition age older adults (as described above) may be included under the older adult population when appropriate.</p>
<p>Department of Mental Health-MHSA Community Services and Supports:</p> <p>Three Year Program and Expenditure Plan Requirements</p> <p>August 1, 2005</p>	<p>Part II: Program and Expenditure Plan Requirements</p> <p>Section IV: Identifying Program Strategies, Children, Youth and Their Families-Strategies</p>	Page 27	<p>Integrated services and supports for children/youth and their families with co-occurring mental health and substance use disorders within the context of a single child/family services and supports plan.</p>

DOCUMENT	SECTION	PAGE NUMBER(S)	ACTUAL TEXT REFERENCE
<p>Department of Mental Health-MHSA Community Services and Supports:</p> <p>Three Year Program and Expenditure Plan Requirements</p> <p>August 1, 2005</p>	<p>Part II: Program and Expenditure Plan Requirements</p> <p>Section IV: Identifying Program Strategies, Transition Age Youth and Their Families, Strategies</p>	Page 28-29	<p>Integrated substance abuse and mental health services where youth receive substance abuse and mental health services simultaneously rather than sequentially, through an integrated team with a single individualized service plan. When appropriate, specialized housing for individuals with dual disorders should be available.</p>
<p>Department of Mental Health-MHSA Community Services and Supports:</p> <p>Three Year Program and Expenditure Plan Requirements</p> <p>August 1, 2005</p>	<p>Part II: Program and Expenditure Plan Requirements</p> <p>Section IV: Identifying Program Strategies, Transition Age Youth and Their Families, Strategies</p>	Page 29	<p>Integrated service teams that provide comprehensive mental health, social, cultural, physical health, substance abuse and trauma (including intergenerational trauma) assessments which are strength-based and focused on engagement of the transition age youth and which can provide gender and cultural specific assessments as in the DSM-IV-R cultural formulation</p>

DOCUMENT	SECTION	PAGE NUMBER(S)	ACTUAL TEXT REFERENCE
Department of Mental Health-MHSA Community Services and Supports: Three Year Program and Expenditure Plan Requirements August 1, 2005	Part II: Program and Expenditure Plan Requirements Section IV: Identifying Program Strategies, Transition Age Youth and Their Families, Strategies	Page 29	Integrated “one stop” centers wherein essential health, substance abuse , employment, and mental health services can be accessed
Department of Mental Health-MHSA Community Services and Supports: Three Year Program and Expenditure Plan Requirements August 1, 2005	Part II: Program and Expenditure Plan Requirements Section IV: Identifying Program Strategies, Transition Age Youth and Their Families, Strategies	Page 30	Trauma-informed services and trauma-specific services (including intergenerational trauma services), particularly for young women with co-occurring disorders
Department of Mental Health-MHSA Community Services and Supports: Three Year Program and Expenditure Plan Requirements August 1, 2005	Part II: Program and Expenditure Plan Requirements Section IV: Identifying Program Strategies, Adults, Strategies	Page 31	For individuals with dual diagnosis , integrated substance abuse and mental health services where a client/member receives substance abuse and mental health services simultaneously, not sequentially, from one team with one service plan for one person; specialized housing to accompany these services as appropriate

DOCUMENT	SECTION	PAGE NUMBER(S)	ACTUAL TEXT REFERENCE
Department of Mental Health-MHSA Community Services and Supports: Three Year Program and Expenditure Plan Requirements August 1, 2005	Part II: Program and Expenditure Plan Requirements Section IV: Identifying Program Strategies, Adults, Strategies	Page 32	Integrated assessment teams that provide comprehensive mental health, social, physical health and substance abuse and trauma assessments (including intergenerational assessments), which are strength-based, and focused on client/member engagement and which can provide gender- and cultural-specific assessments as in the DSM-IV-R cultural formulation
Department of Mental Health-MHSA Community Services and Supports: Three Year Program and Expenditure Plan Requirements August 1, 2005	Part II: Program and Expenditure Plan Requirements Section IV: Identifying Program Strategies, Adults, Strategies	Page 33	Trauma-informed and trauma-specific services, particularly for women with co-occurring disorders
Department of Mental Health-MHSA Community Services and Supports: Three Year Program and Expenditure Plan Requirements August 1, 2005	Part II: Program and Expenditure Plan Requirements Section IV: Identifying Program Strategies, Older Adults, Strategies	Page 34-35	Integrated substance abuse and mental health services where clients/members receive substance abuse and mental health services simultaneously, not sequentially, from one team with one service plan for one person; specialized housing to accompany these services

DOCUMENT	SECTION	PAGE NUMBER(S)	ACTUAL TEXT REFERENCE
Department of Mental Health-MHSA Community Services and Supports: Three Year Program and Expenditure Plan Requirements August 1, 2005	Part II: Program and Expenditure Plan Requirements Section IV: Identifying Program Strategies, Older Adults, Strategies	Page 35	Integrated assessment teams that provide comprehensive mental health, social, substance abuse , trauma and thorough physical health assessments which are strength-based and focused on engagement of older clients and which can provide gender- and culture-specific assessments as in the DSM-IV-TR cultural formulation
Department of Mental Health-MHSA Community Services and Supports: Three Year Program and Expenditure Plan Requirements August 1, 2005	Part II: Program and Expenditure Plan Requirements Section VI-Developing Work Plan with Timeframes and Budgets/Staffing Response II. Programs to be Developed or Expanded (14b)	Page 41	14b. Information regarding strategies is requested throughout the Program and Expenditure Plan Requirements. Strategies are approaches to provide a program/service. Multiple strategies may be used as an approach for a single service. No budget detail is required at the strategy level. Examples of strategies include self-directed care plans, integrated assessments for co-occurring disorders , on-site services in child welfare shelters, and self-help support.

DOCUMENT	SECTION	PAGE NUMBER(S)	ACTUAL TEXT REFERENCE
Department of Mental Health: Mental Health Services Act (MHSA) Resource Listing	Mental Health Services Act (MHSA) Resource Listing-Website	http://www.dmh.ca.gov/MHSA/res_list.asp	<ol style="list-style-type: none">1. Effects of gender and diagnosis on addiction history, treatment utilization, and psychological functioning among a dually diagnosed sample in drug treatment. Journal of Psychoactive Drugs, SARC Supplement 1, 169-179, http://www.uclaisap.org/publications/pubs-d-g.html2. Indexed Bibliography of Articles Published in Professional Chemical Dependency Journals, http://128.83.80.200/tattc/Dual_Diagnosis.html <p>(Note-There were two listings under the category of “Co-occurring Disorders” Resource Listing.”</p>

DOCUMENT	SECTION	PAGE NUMBER(S)	ACTUAL TEXT REFERENCE
Department of Mental Health-Mental Health Services Act-Community Services and Supports Technical Assistance Documents...Draft 5/23/05	Technical Assistance Document 1: County Readiness Self-assessments for Implementation of MHSA Community Services and Support Component	Page 3	<p>As part of the comprehensive planning process to develop the required three-year plan for the Community Services and Support component under the Mental Health Services Act (MHSA), counties and their stakeholders may find it helpful to use this County Readiness Self-assessment. This information could provide a broad base of critical information for the further development of your Plan.</p> <p>2b. Population Information</p> <p>iv. How many people in the county are homeless? How many of these have a serious mental illness? How many have a co-occurring substance abuse disorder?</p> <p>v. How many people in the county are incarcerated? What percentage of the local incarcerated population has a serious mental illness? How many have a co-occurring substance abuse disorder?</p> <p>vi. How many people in the county are in a juvenile justice facility? What percentage of youth in a juvenile facility has a serious emotional disorder? How many have a co-occurring substance abuse disorder?</p> <p>vii. How many children/youth in the county are in foster care placements both in county and out-of-county? What percentage of youth in foster care has a serious emotional disorder? How many have a co-occurring substance abuse disorder?</p>

DOCUMENT	SECTION	PAGE NUMBER(S)	ACTUAL TEXT REFERENCE
Department of Mental Health-Mental Health Services Act-Community Services and Supports Technical Assistance Documents...Draft 5/23/05	Technical Assistance Document 2: Performance Measures	Page 5, paragraph 4	Consistent with the requirements regarding community issues, mental health needs and the initial focal populations, programs funded through the MHSA will need to comply with standard data capture and reporting procedures (to be determined) with respect to the following focal client-level outcome areas: <ul style="list-style-type: none"> Substance use
Department of Mental Health-Mental Health Services Act-Community Services and Supports Technical Assistance Documents...Draft 5/23/05	Technical Assistance Document 6: Program and Expenditure Plan Examples, Transition Age Youth-County A, Section IV: Strategies	Page 41	Integrated assessment and asset development teams that provide comprehensive mental health, social, physical health and substance abuse assessments which are strength-based and focused on engagement of the transition age youth and which can provide cultural specific assessments.
Department of Mental Health-Mental Health Services Act-Community Services and Supports Technical Assistance Documents...Draft 5/23/05	Technical Assistance Document 6: Program and Expenditure Plan Examples, Adults-County A, Section IV: Strategies	Page 42	Every adult who chooses to participate in a Full Service Partnership will be part of an integrated service agency and have a mental health personal service coordinator with a caseload of no more than 10 adults and will be able to respond to their needs 24/7. In addition to existing resource, County A will offer participating adults and their families the following new or expanded service: <ul style="list-style-type: none"> Integrated SA/MH

DOCUMENT	SECTION	PAGE NUMBER(S)	ACTUAL TEXT REFERENCE
Department of Mental Health-Mental Health Services Act-Community Services and Supports Technical Assistance Documents...Draft 5/23/05	Technical Assistance Document 6: Program and Expenditure Plan Examples, Older Adult-County A, Section IV: Strategies	Page 44	<p>In addition to existing services, County A will offer Full Service Partnership older adults and their families the following services:</p> <ul style="list-style-type: none">• A comprehensive assessment with an integrated service team which will include mental health, social, physical health and substance abuse assessments which are strength-based and focused on the client/member's engagement and which is specific to their culture

Reference List

California Department of Mental Health. (2005, October 27). Mental Health Services Act: Community Planning Process. Retrieved October 27, 2005 from the World Wide Web:
<http://www.dmh.ca.gov/MHSA/ComPlanProc.asp>

California Department of Mental Health. (2005, October 27). Mental Health Services Act: Community Services and Supports Program. Retrieved October 26, 2005 from the World Wide Web:
<http://www.dmh.ca.gov/MHSA/CSS-Requirements.asp>

California Department of Mental Health. (2005, October 27). Mental Health Services Act: Home Page. Retrieved October 26, 2005 from the World Wide Web:
<http://www.dmh.ca.gov/MHSA/default.asp>

California Department of Mental Health. (2005, October 27). Mental Health Services Act: Resource Listing. Retrieved October 26, 2005 from the World Wide Web:
http://www.dmh.ca.gov/MHSA/res_list.asp

Compiled by:

California Institute for Mental Health (CiMH)
2125 19th Street, 2nd Floor
Sacramento, CA 95818
Phone: 916-556-3480
Fax: 916-446-4519
www.cimh.org